

INSTRUCTIONS FOR OBTAINING A BIRTH CERTIFICATE

The Division of Vital Records can issue copies of birth certificates only for births that occurred in North Dakota. We have records on file starting with 1870 to the present.

Birth certificates relating to an out of wedlock birth can be furnished only to the parent of the child, the child's guardian, to the person to whom the record relates if that person is at least 18 years old, or upon order of a court of competent jurisdiction.

The fee for a search of the files is \$7; one search fee pays for one certified copy. Additional copies of the same record issued at the same time are \$4 each. Please make your check or money order payable to North Dakota Department of Health. We will issue a certified raised-seal paper copy for each copy requested.

Once received in our office, copies are usually mailed in 5 to 7 business days (**this does not include the mailing time**). Copies to be sent by Federal Express or UPS are processed the same day, provided the request is in our office by 10:00 a.m. Central Time.

Certified copies **CANNOT** be faxed. The certified copies will be sent by first class mail unless you specify and include the funds for special shipping through **Federal Express** for an **additional \$16.00** (add \$6 for delivery to Alaska or Hawaii) or **UPS** for an **additional \$16**.

This form may be completed and mailed with fees to:

Vital Records
600 East Boulevard Ave. Dept. 301
Bismarck, ND 58505-0200

If you prefer, you may complete this form and fax it with your **Visa, Master Card, or Discover** credit card number and expiration date to (701) 328-1850.

Our web page is at: vitalnd.com

Our email address is: vitalrec@state.nd.us



REQUEST FOR BIRTH CERTIFICATE
NORTH DAKOTA DEPARTMENT OF HEALTH
(08/01/04)

****PLEASE PRINT****

INFORMATION REQUIRED TO LOCATE AND IDENTIFY THE RECORD REQUESTED

Name at Birth	
Date of Birth	Place of Birth
Father's Name	
Mother's Maiden Name	
Your relationship to person in first line	Number of Copies Requested

REQUESTER

Signature of Requester	
Printed Name	
Address	
City, State & Zip Code	Daytime Phone Number (Required)

MAILING INFORMATION IF COPY TO BE SENT ELSEWHERE

Name	
Address	
City, State & Zip Code	Daytime Phone Number (Required)

SHIPPING INSTRUCTIONS

First Class <input type="checkbox"/>	FedEx or UPS account numbers are NOT ACCEPTED
FedEx (\$16; add \$6 for AK or HI) <input type="checkbox"/>	
UPS (\$16) <input type="checkbox"/>	
Waive signature for FedEx or UPS Delivery <input type="checkbox"/>	

CREDIT CARD INFORMATION

Card Type	Card Number	Fees for copies: \$7 for one copy; \$4 for each additional copy of the same record ordered at the same time.
VISA <input type="checkbox"/>		
MASTER CARD <input type="checkbox"/>		
DISCOVER <input type="checkbox"/>	Expiration Date	

If you are mailing your request, please send it to: Division of Vital Records, 600 E. Boulevard Ave., Dept. 301 Bismarck, ND 58505-0200. If you are faxing your request, please dial (701) 328-1850.